

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2004

Open to Public
Inspection

A For the 2004 calendar year, or tax year beginning

10/01, 2004, and ending 09/30/2005

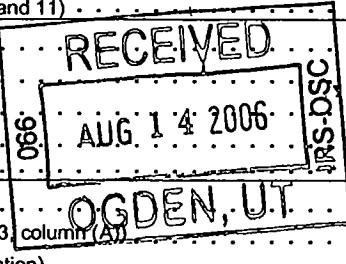
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERNATIONAL REPUBLICAN INSTITUTE			D Employer identification number 52-1340267	
	Number and street (or P.O. box if mail is not delivered to street address)			Room/suite	
	1225 EYE STREET, NW			700	
	City or town, state or country, and ZIP + 4			(202) 408-9450	
	WASHINGTON, DC 20005			F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	
	G Website: ► HTTP://WWW.IRI.ORG/				

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Organization type (check only one) ► <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	K Check here ► <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.		H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			H(b) If "Yes," enter number of affiliates ►	
		H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions)		
		H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		I Group Exemption Number ►		
		M Check ► <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)		

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► **75,833,646.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue 1 Contributions, gifts, grants, and similar amounts received. a Direct public support 1a 1,208,578. b Indirect public support 1b c Government contributions (grants) 1c 74,579,911. d Total (add lines 1a through 1c) (cash \$ 75,788,489. noncash \$) 1d 75,788,489. 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 a Gross rents 6a b Less: rental expenses 6b c Net rental income or (loss) (subtract line 6b from line 6a) 6c 7 Other investment income (describe) ► 7 8 a Gross amount from sales of assets other than inventory (A) Securities (B) Other b Less: cost or other basis and sales expenses 8a c Gain or (loss) (attach schedule) 8b d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8c 9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ of contributions reported on line 1a) 9a b Less: direct expenses other than fundraising expenses 9b c Net income or (loss) from special events (subtract line 9b from line 9a) 9c 10 a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold 10b c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 11 Other revenue (from Part VII, line 103) 11 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 75,833,646. 13 Program services (from line 44, column (B)) 13 67,893,666. 14 Management and general (from line 44, column (C)) 14 7,135,370. 15 Fundraising (from line 44, column (D)) 15 91,200. 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 75,120,236. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 713,410. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 1,174,506. 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 1,887,916.		
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>4,439,383.</u> noncash \$ <u> </u>)	22 <u>4,544,688.</u>	<u>4,544,688.</u>	<u>STMT 1.</u>	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 <u>737,147.</u>	<u>522,637.</u>	<u>214,510.</u>	
26 Other salaries and wages	26 <u>8,957,034.</u>	<u>6,350,964.</u>	<u>2,606,070.</u>	
27 Pension plan contributions	27 <u>714,437.</u>	<u>506,567.</u>	<u>207,870.</u>	
28 Other employee benefits	28 <u>2,159,086.</u>	<u>1,530,887.</u>	<u>628,199.</u>	
29 Payroll taxes	29 <u>930,062.</u>	<u>659,455.</u>	<u>270,607.</u>	
30 Professional fundraising fees	30 <u>91,200.</u>			<u>91,200.</u>
31 Accounting fees	31 <u>75,288.</u>	<u>29,974.</u>	<u>45,314.</u>	
32 Legal fees	32 <u>115,697.</u>	<u>60,449.</u>	<u>55,248.</u>	
33 Supplies	33 <u>856,870.</u>	<u>798,668.</u>	<u>58,202.</u>	
34 Telephone	34 <u>1,231,023.</u>	<u>1,114,677.</u>	<u>116,346.</u>	
35 Postage and shipping	35 <u>301,823.</u>	<u>290,976.</u>	<u>10,847.</u>	
36 Occupancy	36 <u>4,076,050.</u>	<u>2,614,918.</u>	<u>1,461,132.</u>	
37 Equipment rental and maintenance . . .	37 <u>1,613,450.</u>	<u>1,384,012.</u>	<u>229,438.</u>	
38 Printing and publications	38 <u>719,216.</u>	<u>640,606.</u>	<u>78,610.</u>	
39 Travel	39 <u>7,756,384.</u>	<u>7,342,105.</u>	<u>414,279.</u>	
40 Conferences, conventions, and meetings .	40 <u>2,561,210.</u>	<u>2,514,100.</u>	<u>47,110.</u>	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule).	42 <u>66,652.</u>		<u>66,652.</u>	
43 Other expenses not covered above (itemize) <u>STMT 2.</u>	43a <u>37,612,919.</u>	<u>36,987,983.</u>	<u>624,936.</u>	
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 <u>75,120,236.</u>	<u>67,893,666.</u>	<u>7,135,370.</u>	<u>91,200.</u>

Joint Costs. Check ► if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes No
If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____;
(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ► <u>STMT 3</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
a <u>IRI PROVIDES GRANTS TO SUPPORT THE EFFORTS OF GROUPS WHO ENCOURAGE AND FOSTER DEMOCRATIC INSTITUTIONS THROUGHOUT THE WORLD.</u>	(Grants and allocations \$ <u>4,439,383.</u>) <u>67,893,666.</u>
b _____	
_____	(Grants and allocations \$ _____)
c _____	
_____	(Grants and allocations \$ _____)
d _____	
_____	(Grants and allocations \$ _____)
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►	<u>67,893,666.</u>

Part IV Balance Sheets (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year
	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
Assets				
45	Cash - non-interest-bearing	2,686,516.	45	6,345,977.
46	Savings and temporary cash investments		46	
47a	Accounts receivable	47a 285,370		
b	Less: allowance for doubtful accounts	47b		
			537,537.	47c 285,370.
48a	Pledges receivable	48a 4,890,814		
b	Less: allowance for doubtful accounts	48b		
			2,502,304.	48c 4,890,814.
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less: allowance for doubtful accounts	51b		51c
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	STMT. 4	451,852.	53 708,560.
54	Investments - securities (attach schedule)	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
55a	Investments - land, buildings, and equipment basis	55a		
b	Less: accumulated depreciation (attach schedule)	55b		55c
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment basis	57a 688,397		
b	Less: accumulated depreciation (attach schedule)	57b 244,761		
58	Other assets (describe ► _____)		195,017.	57c 443,636.
59	Total assets (add lines 45 through 58) (must equal line 74)		6,373,226.	59 12,674,357.
Liabilities				
60	Accounts payable and accrued expenses	2,314,657.	60	5,938,681.
61	Grants payable	914,969.	61	1,254,289.
62	Deferred revenue	STMT. 5	1,484,487.	62 2,886,033.
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63
64a	Tax-exempt bond liabilities (attach schedule)			64a
b	Mortgages and other notes payable (attach schedule)			64b
65	Other liabilities (describe ► _____)	STMT. 6	484,607.	65 707,438.
66	Total liabilities (add lines 60 through 65)		5,198,720.	66 10,786,441.
Net Assets or Fund Balances				
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted	1,065,167.	67	1,815,254.
68	Temporarily restricted	109,339.	68	72,662.
69	Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		1,174,506.	73 1,887,916.
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		6,373,226.	74 12,674,357.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a Total revenue, gains, and other support per audited financial statements . . . ►

b Amounts included on line a but not on line 12, Form 990

(1) Net unrealized gains on investments . . . \$ _____

(2) Donated services and use of facilities \$ _____ **450,660.**

(3) Recoveries of prior year grants \$ _____

(4) Other (specify) _____

Add amounts on lines (1) through (4) ► **b** **450 - 660**

c Line a minus line b ► c 75,833,646.
d Amounts included on line 12,
Form 990 but not on line a:
(1) Investment expenses
not included on line
6b, Form 990 . . . \$ _____
(2) Other (specify) _____

Add amounts on lines (1) and (2) . . ► d
Total revenue per line 12, Form 990

e Total revenue per line 12, Form 990
(line c plus line d) ► e 75,833,646

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . . ►	a	75,570,896.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 450,660.		
(2)	Prior year adjustments reported on line 20, Form 990 . . . \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify) _____ \$ _____ Add amounts on lines (1) through (4) . . . ►	b	450,660.
c	Line a minus line b ►	c	75,120,236.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$ _____		
(2)	Other (specify) _____ \$ _____ Add amounts on lines (1) and (2) . . . ►	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ►	e	75,120,236.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 7		737,147.	73,715.	6,200.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ► Yes No
If "Yes," attach schedule - see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures See line 81 instructions.	81a	
b Did the organization file Form 1120-POL for this year?	81b	X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	450,660
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		► <u>N/A</u>
d Enter Amount of tax on line 89c, above, reimbursed by the organization		► <u>N/A</u>
90a List the states with which a copy of this return is filed ► _____		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	130
91 The books are in care of ► <u>THE ORGANIZATION</u> Telephone no ► <u>(202) 408-9450</u> Located at ► <u>1225 EYE STREET WASHINGTON, DC</u> ZIP + 4 ► <u>20005</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	► 92	► <u>N/A</u>

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	45,157.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				45,157.	
105 Total (add line 104, columns (B), (D), and (E)) ►					45,157.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer Signature of officer Type or print name and title
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 ARONSON & COMPANY 700 KING FARM BLVD., ROCKVILLE, MD

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2004

Name of the organization

INTERNATIONAL REPUBLICAN INSTITUTE

Employer identification number

52-1340267

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>JOHN D. ANELLI</u> 1225 EYE STREET NW WASHINGTON, DC 20005	DIRECTOR, IRAQ PROG 40	129,195.	12,919.	1,200.
<u>STEPHEN B. NIX</u> 1225 EYE STREET, NW WASHINGTON, DC 20005	REG PROGRAM DIRECTOR 40	120,209.	12,021.	1,200.
<u>WALTER L. LLOYD III</u> 1225 EYE STREET, NW WASHINGTON, DC 20005	REG PROGRAM DIRECTOR 40	108,317.	10,832.	1,200.
<u>JEFFREY R. KRILLA</u> 1225 EYE STREET, NW WASHINGTON, DC 20005	REG PROGRAM DIRECTOR 40	106,393.	10,639.	1,200.
<u>CYNTHIA R. BUNTON</u> 1225 EYE STREET, NW WASHINGTON, DC 20005	REG PROGRAM DIRECTOR 40	99,645.	7,753.	1,050.
Total number of other employees paid over \$50,000 ►	98			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>BLACKWATER SECURITY</u> PO BOX 1029, MOYOCK, NC 27958	SECURITY SERVICES	18437346.
<u>DILIGENCE MIDDLE EAST, LLC</u> 46-48 JAMES ST, LONDON W1U 1EZ	SECURITY SERVICES	1,743,913.
<u>AL FAWARES GROUP</u> AL SHAMIYAH WAHRAN STREET, BK 10/7 KUWAIT	MEDIA CONSULTANT	1,603,610.
<u>MARSH COPSEY & ASSOC</u> 8201 CORPORATE DR, STE 10, LANDOVER MD	MEDIA CONSULTANT	1,242,235.
<u>KELLY & ASSOCIATES</u> 6430 ROCKLEDGE DR STE 300, BETHESDA MD	INSURANCE	601,760.
Total number of others receiving over \$50,000 for professional services ►	51	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.
JSA

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See page 2 of the instructions.)		
	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE 990. PT. V	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 5 of the instructions)

JSA

4E1220 1 000

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	36,395,245.	26,984,693.	20,107,899.	14,723,400.	98,211,237.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	NONE	NONE	1,298.	8,314.	9,612.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	36,395,245.	26,984,693.	20,109,197.	14,731,714.	98,220,849.
24 Line 23 minus line 17	36,395,245.	26,984,693.	20,109,197.	14,731,714.	98,220,849.
25 Enter 1% of line 23	363,952.	269,847.	201,092.	147,317.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	1,964,417.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c	98220849.
d Add Amounts from column (e) for lines 18	9,612.	19		26d	9,612.
22	26b			26e	98211237.
e Public support (line 26c minus line 26d total)				26f	99.9902 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.					
(2003) ----- (2002) ----- (2001) ----- NOT APPLICABLE (2000) -----					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2003) ----- (2002) ----- (2001) ----- (2000) -----					
c Add Amounts from column (e) for lines 15	16			27c	
17	20	21		27d	
d Add Line 27a total and line 27b total				27e	
e Public support (line 27c total minus line 27d total)				27f	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)				27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27h	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.) **NOT APPLICABLE**
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----	31	
32 Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32a	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) -----		
33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?	33a	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement) ----- ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34a	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check ► a	if the organization belongs to an affiliated group	Check ► b	if you checked "a" and "limited control" provisions apply
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)			(a) Affiliated group totals
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		36
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		37
38	Total lobbying expenditures (add lines 36 and 37)		38
39	Other exempt purpose expenditures		39
40	Total exempt purpose expenditures (add lines 38 and 39)		40
41	Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000		20% of the amount on line 40	41
Over \$500,000 but not over \$1,000,000 . . .		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000 . . .		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000 . . .		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)		42
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		43
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		44

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
Lobbying nontaxable <u>45</u> amount					
Lobbying ceiling amount <u>46</u> (150% of line 45(e)) . .					
<u>47</u> Total lobbying expenditures					
Grassroots nontaxable <u>48</u> amount					
Grassroots ceiling amount <u>49</u> (150% of line 48(e)) . .					
Grassroots lobbying <u>50</u> expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash	51a(i)	x
(ii) Other assets	a(ii)	x

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	x
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	x
(iii) Rental of facilities, equipment, or other assets	b(iii)	x
(iv) Reimbursement arrangements	b(iv)	x
(v) Loans or loan guarantees	b(v)	x
(vi) Performance of services or membership or fundraising solicitations	b(vi)	x

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► Yes No
If "Yes," complete the following schedule.

(a)

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990, PART II -

GRANTS AND ALLOCATIONS PAID DURING THE YEAR

Organization Name	Address	Total
Burma: Political Defiance Committee 2004-035.0/7412	PO BOX 42, MAEHONGSON, THAILAND	\$ 15,000
Burma: Political Defiance Committee 2005-278.0/7612	PO BOX 42, MAEHONGSON, THAILAND	245,000
Cambodia: Cambodian Center for Human Rights 442-A-00-01-000131-00/9110.3	NO. 42 ROAD 242, CHAK TOKMUK, DUAN PENH, PHNOM PENH, CAMBODIA	998,551
Cambodia: Youth Council of Cambodia 442-A-00-01-000131-00/9110.4	5D, ST 292, SANGKAT BOENG KENG KANG II, PHNOM PENH, CAMBODIA	78,080
China: The Dui Hua Foundation 2001-047/6512	850 POWELL ST, SAN FRANCISCO, CA	71,880
China: The Dui Hua Foundation S-LMAQM-05-GR-003/6412	852 POWELL ST, SAN FRANCISCO, CA	175,000
China: World & China Institute S-MLAQM-05-GR-003/6412.1	8-1-5 NANSHAGOU, SANLIE, BEIJING, CHINA	30,000
Cote d'Ivoire: GERDDES-CI 2004-035.0/7437	08 BP 1256, ABIDJAN 08, COTE D'IVOIRE	16,500
Cuba: Cuban Democratic Directorate LAG-G-0098-00008-00/5472	10250 SW 56TH ST, STE 203-C, MIAMI, FL 33165	1,164,984
Cuba: Cuban Democratic Directorate S-LMAQM-05-GR-045/6472	10251 SW 56TH ST, STE 203-C, MIAMI, FL 33165	675,144
Cuba: Cuban Democratic Revolutionary Directorate LAG-G-0098-00008-00/5470.4	10252 SW 56TH ST, STE 203-C, MIAMI, FL 33165	135,000
Cuba: Cuban Democratic Revolutionary Directorate 2004-035.0/7473	10253 SW 56TH ST, STE 203-C, MIAMI, FL 33165	147,008
Czech Republic: Center for Democracy and Culture Studies 2004-279.0/7487.1	STEPANSKA 18, 110 00, PRAGUE, CZECH REPUBLIC	150,361
Haiti: Fondation Espoir 521-G-00-01-00069-00/8079.2	75 ANGLE RUE FAUBERT ET PINCHINAT 2EME ETAGE	45,000
Jordan: Queen Zein al Sharaf Institute for Development/PBYRC DGC-A-00-01-00004-00/7092/7092	HASHEMI SHAMALI, PO BOX 23051, AMMAN, JORDAN, 11123	53,374
Liberia: MWAP - Liberia S-LMAQM-04-GR-101/6431.1	UNITED MUSLIM WOMEN ADVOCACY AND EMPOWERMENT ORGANIZATION, WATER ST, MONROVIA, LIBERIA	22,891
Russia: Women's Leadership and Partnership DGC-A-10-01-00004-00/8061.6	11 YARCEVSKAYA ST, BLD 1, OFFICE 11, MOSCOW, RUSSIA	500
Slovakia: Institute For Public Affairs (IVO) 2004-279.0/7487.2	HVEIZDOSLAVOVO NAM. 15, BRATISLAVA, SLOVAKIA	94,310
Slovakia: Pontis Foundation 2004-279.0/7487	GROSSLINGOVA 4, BRATISLAVA, SLOVAKIA	175,676
South Africa: South African Institute of Race Relations 2004-035.0/7438	AFRICA	35,000

FORM 990, PART II -

GRANTS AND ALLOCATIONS PAID DURING THE YEAR

Organization Name	Address	Total
Uganda: Uganda Minigrants 617-A-00-0400002/8031	NATIONAL ASSOC OF WOMEN ORGANIZATIONS IN UGANDA, PO BOX 1663, KAMPALA	59,605
Ukraine: East Ukrainian Democracy Development Foundation 04-COEU-105/4060.7		36,500
Ukraine: East Ukrainian Democracy Development Foundation 121-A-00-01-00016-00/8063.3	MIRONOSETSKAYA ST, 93a, APT 3, KHARKIV, UKRAINE	16,363
Ukraine: Youth XXI Century 04-COEU-105/4060 6	PREOBRAZENSKAYA STR. 14, APT 32, CHERNIHIV, UKRAINE	36,500
Ukraine: Youth XXI Century 121-A-00-01-00016-00/8063.2	PREOBRAZENSKAYA STR. 14, APT 32, CHERNIHIV, UKRAINE	8,847
Ukraine: Zhitomyr Oblast Center of Youth Initiatives 121-A-00-01-00016-00/8063.1	MALA BERDYCHIVSKA STR. 23, APT 5., ZHYTOMYR, UKRAINE	21,114
Ukraine: Zhitomyr Oblast Center of Youth Initiatives 121-A-00-01-00016-00/8063.1	MALA BERDYCHIVSKA STR. 23, APT 5., ZHYTOMYR, UKRAINE	36,500
	TOTAL GRANTS	\$ 4,544,688

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
CONTRACTUAL SERVICES	34,431,970.	34,200,525.	231,445.
CONSULTANT FEES	407,385.	407,385.	
INSURANCE	265,128.	12,119.	253,009.
MEMBERSHIP FEES	22,609.	5,337.	17,272.
SOFTWARE	84,938.	27,758.	57,180.
TRAINING	65,889.	20,257.	45,632.
BANKING FEES	121,503.	119,715.	1,788.
MISC	49,380.	30,770.	18,610.
SUBCONTRACT	2,269,422.	2,269,422.	
PRIOR YEAR FUNDS DEOBLIGATED	-105,305.	-105,305.	
 TOTALS	 37,612,919.	 36,987,983.	 624,936.
	=====	=====	=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

IRI ADVANCES FREEDOM AND DEMOCRACY WORLDWIDE BY DEVELOPING POLITICAL PARTIES, CIVIC INSTITUTIONS, OPEN ELECTIONS, GOOD GOVERNANCE AND THE RULE OF LAW.

STATEMENT 3

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	423,879.
DEPOSITS	284,681.
TOTALS	708,560.

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
DEFERRED REVENUE	2,886,033.
TOTALS	2,886,033.

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION

LONG-TERM LEASE LIABILITY

661,850.

CURRENT LEASE LIABILITY

45,588.

TOTALS

707,438.

=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT- AND OTHER ALLOWANCES
SENATOR JOHN MCCAIN 1225 EYE STREET, NW WASHINGTON, DC 20005	CHAIRMAN 1	NONE	NONE	NONE
PETER T. MADIGAN 1225 EYE STREET, NW WASHINGTON, DC 20005	VICE CHAIRMAN 1	NONE	NONE	NONE
J. WILLIAM MIDDENDORF, II 1225 EYE STREET, NW WASHINGTON, DC 20005	SECRETARY TREASURER 1	NONE	NONE	NONE
GAHL HODGES BURT 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
U.S. REPRESENTATIVE DAVID DREIER 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
LAWRENCE S. EAGLEBURGER 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
FRANK J. FAHRENKOPF, JR	DIRECTOR 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
ALISON B. FORTIER 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
MAYOR JAMES A. GARNER 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
SUSAN GOLDING 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
SENATOR CHUCK HAGEL 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
CHERYL F. HALPERN 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
WILLIAM J. HYBL 1225 EYE STREET, NW	DIRECTOR 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT- AND OTHER ALLOWANCES
WASHINGTON, DC 20005				
DR. JEANE J. KIRKPATRICK 1225 EYE STREET, NW	DIRECTOR 1	NONE	NONE	NONE
WASHINGTON, DC 20005				
U.S. REPRESENTATIVE JIM KOLBE 1225 EYE STREET, NW	DIRECTOR 1	NONE	NONE	NONE
WASHINGTON, DC 20005				
JANET G. MULLINS GRISSOM 1225 EYE STREET, NW	DIRECTOR 1	NONE	NONE	NONE
WASHINGTON, DC 20005				
ALEC L. POITEVINT, II 1225 EYE STREET, NW	DIRECTOR 1	NONE	NONE	NONE
WASHINGTON, DC 20005				
RANDY SCHEUNEMANN 1225 EYE STREET, NW	DIRECTOR 1	NONE	NONE	NONE
WASHINGTON, DC 20005				
JOSEPH R. SCHMUCKLER 1225 EYE STREET, NW	DIRECTOR 1	NONE	NONE	NONE
WASHINGTON, DC 20005				

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT- AND OTHER ALLOWANCES
BRENT SCOWCROFT 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
RICHARD WILLIAMSON 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
LORNE W. CRANER 1225 EYE STREET, NW WASHINGTON, DC 20005	PRESIDENT 40	184,615.	18,462.	1,200.
JUDY VAN REST 1225 EYE STREET, NW WASHINGTON, DC 20005	EXEC VICE PRESIDENT 40	152,086.	15,209.	1,200.
GEORGES A. FAURIOL 1225 EYE STREET, NW WASHINGTON, DC 20005	SEN VICE PRESIDENT 40	139,029.	13,903.	1,200.
ELIZABETH DUGAN 1225 EYE STREET, NW WASHINGTON, DC 20005	VP FOR PROGRAMS 40	82,631.	8,263.	800.
HAROLD W. COLLAMER	COO 40	102,632.	10,263.	1,000.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1225 EYE STREET, NW WASHINGTON, DC 20005	CFO 40	76,154.	7,615.	800.
SONYA VEKSTEIN 1225 EYE STREET, NW WASHINGTON, DC 20005				
	GRAND TOTALS	737,147.	73,715.	6,200.

Form 8868

(Rev. December 2004)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ►
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)**Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only. ►

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.

Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization INTERNATIONAL REPUBLICAN INSTITUTE	Employer identification number 52-1340267
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 1225 EYE STREET, NW	700
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **THE ORGANIZATION**

Telephone No. ► **202 408-9450** FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) If this is for the **whole group**, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until **05/15**, **2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► calendar year _____ or
► tax year beginning **10/01**, **2004**, and ending **09/30**, **2005**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ **N/A**

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ **N/A**

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 12-2004)

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

MAY 1 U 2005
POSTMARK DATE

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization INTERNATIONAL REPUBLICAN INSTITUTE	Employer identification number 52-1340267
	Number, street, and room or suite no. If a P O box, see instructions. 1225 EYE STREET, NW	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. WASHINGTON, DC 20005	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	Form 990-T(sec 401(a) or 408(a) trust)
<input type="checkbox"/> Form 990-BL	Form 990-T (trust other than above)
<input type="checkbox"/> Form 990-EZ	Form 1041-A
<input type="checkbox"/> Form 990-PF	Form 4720

<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 8870

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **THE ORGANIZATION**

Telephone No ► **202 408-9450** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) If this is for the **whole group**, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **08/15/2006**

5 For calendar year , or other tax year beginning **10/01/2004** and ending **09/30/2005**.

6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

7 State in detail why you need the extension **THE TAXPAYER IS AWAITING THIRD PARTY**

INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ► **CJA**

Date ► **5/9/06**

Notice to Applicant - To Be Completed by the IRS

We have approved this application Please attach this form to the organization's return.

We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return.

We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period

We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.

Other _____

By _____ Date _____

Director

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name ARONSON & COMPANY	RECEIVED
	Number and street (include suite, room, or apt. no.) or a P.O. box number 700 KING FARM BLVD., 3RD FLOOR	1331
	City or town, province or state, and country (including postal or ZIP code) ROCKVILLE, MD 20850	MAY 16 2006
		IRS - OGDEN, UT

JSA
4F8055 3 000

Form 8868 (Rev. 12-2004)